

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028140

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149  
FILED AUG 6 1963

Primary Registration District No. 1002

Registrar's No.

3918

STATE FILE NUMBER

VS 300  
Rev. 4/59

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2 7005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George W. Nash

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Independence,</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St Mary's</b>		d. STREET ADDRESS (If outside, give location) <b>916 E South Ave</b>	
3. NAME OF DECEASED (Type or print) First <b>Myron</b> Middle <b>Francis</b> Last <b>Beebe</b>		4. DATE OF DEATH Month <b>7</b> Day <b>11</b> Year <b>63</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/3/1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cement Finisher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Local No 518</b>	
11a. FATHER'S NAME <b>Myron F. Beebe</b>		11b. MOTHER'S MAIDEN NAME <b>Laura Morrison</b>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		13. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma lung</b> DUE TO (c) <b>[REDACTED]</b>		15. NAME OF HUSBAND OR WIFE <b>Thelma Lupton Beebe</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>5</b> a.m. <b>16</b> Month <b>7</b> Day <b>11</b> Year <b>63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Independence, Mo</b>
21. I attended the deceased from <b>5/16/63</b> to <b>7/11/63</b> and last saw him alive on <b>7/11/63</b> Death occurred at <b>7/11/63</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>George W. Nash M.D.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/13/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Memory Gardens</b>
24. FUNERAL DIRECTOR <b>Sheil Colonial Funeral Home K C Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-12-63</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

(Licensed Embalmer's Statement on Reverse Side)

X  
Dr. Nash 315 Nichols Rd  
Lo 1/3219 After 3 P M Friday

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John P. Sheel*

Licensed Embalmer No. 3625

P. O. Address K. C. Ma.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.